### **APPLICATION FOR APPRENTICE TRAINING**

All requested information must be provided and all questions must be answered. Failure to complete the application will result in its return to you. **NOTE:** THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU OFFICE AND THE APPRENTICE LICENSE ISSUED BEFORE THE APPLICANT'S TRAINING BEGINS.

### NOTICE

As noted in § 54-816, Idaho Code, the board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following causes: The conviction of a felony; Malpractice or in-competency; Continued practice by a person knowingly having an infectious or contagious disease; False or deceptive statements in advertising; Habitual use of habit-forming drugs; Immoral or unprofessional conduct; Submitting a fraudulent application or obtaining a license or permit through fraud; The violation of any other provision of the cosmetology laws or rules.

The board may also refuse to issue or renew a permit or license for a person who is in default in the repayment of any student loan if, at the time the loan was incurred, the student is provided notice of the power of the board to refuse to issue or renew a certificate or license in the event of a default in the repayment, which notice shall be in writing and acknowledged by the signature of the student six (6) months prior to the refusal to issue or renew a certificate or license.

Please be aware of the requirement that apprentice training must take place under the immediate personal supervision of a licensed instructor AND another licensee. The supervision must be provided and the training must be received within the same salon. NOTE: Each primary salon and each contiguous salon licensed within a primary salon are considered to be separate establishments. An apprentice who receives training in a contiguous salon must receive their supervision from within the contiguous salon. If the apprentice or the instructor or the additional licensee is located in a different establishment during periods of training, the training is not in compliance. Any training received that is not in compliance with the laws and rules governing apprenticeships will not be allowed, and formal disciplinary action may be taken by the Board against the personal and facility licenses of any or all of those persons found to be in violation.

Each instructor, licensee, and applicant should review the laws and rules pertaining to apprenticeship training before entering into an apprenticeship-training program. FEES ARE NONREFUNDABLE. The State of Idaho Cosmetology Laws and Rules may be downloaded at: <a href="http://www2.state.id.us/ibol/cos.htm">http://www2.state.id.us/ibol/cos.htm</a>

Questions regarding this application or the requirements for licensure may be addressed to:

IDAHO STATE BOARD OF COSMETOLOGY Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise, Idaho 83702-5642 cos@ibol.state.id.us

## IDAHO STATE BOARD OF COSMETOLOGY

Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise, Idaho 83702-5642

# **APPRENTICE REGISTRATION FORM**

Complete this form by providing (please print) the requested information. The signatures of the apprentice applicant, salon owner, and instructor must be notarized and the fee (\$20.00) must be attached. Submit the completed form to the address noted above.

I hereby submit my application to be Cosmetology			) Electrology	
in the State of Idaho under the provisi			needfology	
1. Full Name (Mr., Mrs., or Ms.)				
2. Address of Record				
(The above address is public record)	Street	City	State	Zip
3. Mailing address				
(The above address is not public record) 4. Place of Birth		City <b>Date of Birth</b>	State	Zip /
+. I lace of Bit til		month	day	_/ year
(Proof of age must be attached. A co	ppy of your birth certificate, passport, mili	tary ID, or valid driver's	•	•
5. Social Security No	Home phone number ()	E-mail		
6. <b>Do you have at least a tenth (10<sup>th</sup>) gr</b> (Proof of education must be attached	rade education or the equivalent?  . A copy of your high school diploma, tra	nscript, GED, or CPAt is	[ ] <b>Y</b> (acceptable.)	es []No
7. Name of Cosmetology salon you wi	ll apprentice in and date training will b	egin:		
Name of salon		]	Date training b	pegins
8. Have you ever been convicted of any (If yes, please attach a detailed statem documentation, and any other relevant in	ent, including a summary of the charges,	the final order, any proba	[ ] <b>Y</b> tion or parole	es []No
9. <b>Have you ever had a license revo</b> (If yes, please attach a detailed statement				
10. <b>Have you received prior cosmetology training in Idaho?</b> (If yes, please attach the name of the school you attended, your name (if different), a		and the dates you attended	[ ] <b>Y</b> 6	es []No.
Attach an unmounted ori	ginal PASSPORT photo of yourself, tal	ken within 1 year of this	application.	
	AFFIDAVIT			
I hereby authorize and direct any person, identified agent any and all information,	ng under the immediate personal supervisive any infectious or contagious disease we to this application is true and accurate to agency, firm, or other entity to release to	ion of a licensed instructo hich may pose a threat to the best of my knowledge the Bureau of Occupation is, records, statements, or	r and an additi the general pu e and belief. al Licenses or disclosures, w	ional blic and that it's hether
	Signature of apprentice appli	cant		
State of, County of Subscribed and sworn before me this	, ss,	20		
(seal)				
, ,	Notary Public official signatemy commission expires (page 1 of 2)			

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### INSTRUCTOR AFFIDAVIT

I hereby certify under oath that I am an Idaho licensed instructor and that I have reviewed the requirements for apprenticeship training and understand that an apprentice may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor and an additional licensee. I further certify that I will be present in the establishment with said apprentice at all times. I further certify that the attached curriculum outlines and identifies the apprentice-training program that will be provided to said apprentice.

I further affirm that I am familiar with and agree to comply with all Cosmetology laws and rules concerning apprenticeships and that any failure to comply with those requirements may result in action against any personal or facility license I may hold. I further certify that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

	Signature of instructor & License #
State of County of	88
State of, County of day of	, 55, 20
(seal)	
(sear)	Notary Public official signature
	residing at
	my commission expires
	SALON AFFIDAVIT
Cosmetology laws and rules concerning apprentices against any personal or facility license I may hold. I further certify that the list below is a complete rost will receive training. I further certify that the information provided on and	aforementioned salon and that I am familiar with and agree to comply with all nips and that any failure to comply with those requirements may result in action er of all current <b>employees</b> of the aforementioned salon in which the apprentice attached to this application is true and accurate to the best of my knowledge and
belief.	
	Signature of salon owner
Salon Name	License # Phone #
e-mail	
State of, County of day of	, ss, 20
(seal)	Notary Public official signature
	residing at
	my commission expires
	EMPLOYEE ROSTER
Name	License #

(Please attach a separate list if additional space is necessary)